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AUTHOR Smith, Carl R., Ed.
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ABSTRACT

The issue presents four articles on emotionally disturbed children. The first, "Philosophy and Practice--Always the Twain Shall Meet," presents an edited transcript of a panel discussion held at a 1977 Iowa study institute entitled "Philosophical Issues and Program Goals in Serving Emotionally Disabled Youth." Aspects covered include mainstreaming, special classes, and the right to be "crazy." The second article, "An Eclectic Approach to the Education of Emotionally Disturbed Children" by R. Lyndall Rich, describes an approach that emphasizes selecting the best strategy or pieces of strategy from those available and matching it to the needs and characteristics of the individual child. The third article, "A Teacher Responds" by Donna Wilkin, presents the author's critical response to the second article, reviewing what she sees as several problems associated with Rich's eclectic approach. The fourth article, "A Teacher Educator Responds" by Allen Parelius, also examines Rich's article critically, focusing on his terminology, the problem of incompleteness of the learning outcome component, and teacher competency ramifications for implementing the eclectic approach. (DIS)

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IOWA PERSPECTIVE

News of Programs for Emotionally Disabled and Chronically Disruptive Students
Iowa Department of Public Instruction
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Philosophy and Practice: Always the Twain Shall Meet

EDITOR'S NOTE: What follows is an edited version of a discussion which took place at the special study institute, "Philosophical Issues and Program Goals in Serving Emotionally Disabled Youth" on February 12, 1977 in Cedar Falls, Iowa. The participants in this discussion include Dr. Albert Fink from Indiana University, Dr. William C. Rhodes, then from the University of Michigan and Dr. Richard Whelan from the University of Kansas. Dr. Robert McCauley, then at the University of Minnesota served as moderator for this discussion. Prior to this panel discussion, Drs. Fink, Rhodes and Whelan had each presented one of the major philosophies influencing the education of emotionally disabled pupils. The philosophies which were presented by these professionals included psychoeducational - Dr. Fink, behavioral - Dr. Whelan, and countertheoretical - Dr. Rhodes.

McCAULEY: The nature of the panel this afternoon is to bring together the three presenters of the past two days and ask them to discuss and clarify their particular positions regarding behavioral deviance and special education.

I'd like to begin, if I could, by asking the three panelists to talk about their positions on current issues in special education; one of which is the impetus toward mainstreaming. In particular, I would like to ask each one of the presenters to talk about how his position contributes toward mainstreaming, and what the salient features of his position may be in both defining and providing for programs in the mainstream.

"I really like to view mainstreaming as a state of mind as well as a set of procedures which help children acquire skills that lead them to be satisfied with what they are doing..."

WHELAN: I really like to view mainstreaming as a state of mind as well as a set of procedures which help children acquire skills and competencies that will lead them to be satisfied with what they are doing within the range of their disabilities. I use the term 'disabilities' rather than handicap based on the psychological approach that a disability is not a handicap until it is so perceived by the one who has the handicap, or those who are looking at the disability from outside. There are exclusions of the mind, as well as exclusions of the body. So, moving bodies back within the four walls without also taking care of the minds, the teacher, and the rest of the children is a classic mistake.

Now there is a little movement on the horizon in terms of mainstreaming and its relationship to the least restrictive environment (LRE). People are starting to recognize that the two concepts are not necessarily synonomous. Perhaps the LRE is the place in which the most intensive instruction/treatment can

In This Issue:

"Philosophy and Practice: Always the Twain Shall Meet" a panel discussion among Albert Fink, William C. Rhodes and Richard Whelan

"An Eclectic Approach to the Education of Emotionally Disturbed Children" by H. Lyndall Rich

"A Teacher Responds" by Donna Wilkin

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be delivered. A regular class, e.g., mainstreaming, may actually be a negative factor because intensive and extensive teacher-child interaction cannot be provided

On the other hand, small group instruction and effective interaction may be an LRE for a child even though it doesn't fit the notion of mainstreaming. But the decision for either one has to be made on the basis of observed child behavior.

I can't give you a formula for making that tough decision any more than I can give you a formula for how to deal with each individual child. I would have to work with you and get to know the children you serve. Together, we might be able to make a correct decision based on more than chance probability.

Dr. Will Menninger, a great psychiatrist, when asked what the incidence of emotional disturbance is in our population, said it is one out of one. Never were truer words spoken. Without understanding this concept, our decisions for and with children are likely to be in error.

I think that the mainstreaming movement will be helpful if we don't dump the children. We also need to spend time with the 'majority' youngsters, the 90 per cent, who must have help in understanding and relating to youngsters who are different from them. So, in that sense, mainstreaming is healthy. It's not healthy if we just return so called 'deviant' children to the regular class without supporting them and their peers. And that is happening!

"Mainstreaming is to fold back into society the people that we sorted out with our tests and techniques."

RHODES: I'd like to say a brief thing or two. When I was talking about the way in which older European societies treated their deviants or "fools," they certainly didn't mainstream, they put them outside the gate. For me then, mainstreaming is to fold back into society the people that we sorted out with our psychological tests and other techniques. I think that we may be moving in that direction in our culture. We are returning to the pluralistic cultural idea of being tolerant of all kinds of people gathering together in all kinds of small groups with different self identities. We might even get to the point where we will tolerate the gathering together of people we now call deviant in their own self-identified communities. And some of that is going on. So, that's mainstreaming.

FINK: In relation to that, I feel comfortable about mainstreaming. However, Bill, I have another concern. In discussing deviance and normality, the impression I get is that you view the sum and substance of deviant behavior as being related to normative behavior (social norms). And, what you're concerned about is that lots of people may want to pursue different paths in life, which are individual decisions that they make, and that we try to prevent them from doing that.

I have no quarrel with your argument that we shouldn't be doing that. There isn't any reason at all why you shouldn't pursue the path that you want to pursue. To me, that isn't the real question of deviancy. It is one question, but not the significant one with which I think many of us have to deal.

What about the kids who would like to be able to make independent decisions about what to do with their lives, but don't have the capacities or the abilities to do that? It seems to me that many of the deviants with whom we deal are kids who would like to be able to be as rational and intelligent as you are.

RHODES: I am not rational!

FINK: I don't agree with you. I think you are really quite rational and intelligent and have all the skills necessary to make independent decisions. I think a lot of kids that we deal with are quite incompetent to deal with their own lives. It's not that they have made independent decisions to be different; they are not really making independent decisions. They are at the mercy of forces outside their control. They don't have the capacity to deal with the decisions that need to be made -which I think you're able to do.

See, I don't think you're crazy at all. I think you're intelligent. You know what your goals are; I think you know how to get there; and I think you are able to make independent decisions (have the power to make the decisions) to do that. Now, that's not being crazy. It's being an independent individual. You are entitled to do that and so are the rest of us.

The problem that I have with a lot of the kids that we work with who are emotionally impaired or otherwise handicapped, my concept of handicapped, is that we have kids who would like to be able to do these things, to make decisions, but don't have the wherewithall to do it. Don't we need to do something that's a leadership kind of thing for those kids? Don't we have to be paternalistic/maternalistic? Be helpful even beyond the ability of those kids to recognize that? That is, help them out? I don't see all of deviancy as being encompassed by your particular emphasis, which is social differences that some people have, or the different paths that some people take in life. That's fine. I have no problems with that.

RHODES: In the first place, many of my colleagues would not agree with your diagnosis of my "rationalness." In the second place, I did not say that there are *not* sharp differences in people, or that there are some kids who, for one reason or another, have escaped socialization. I'm certainly concerned with children, and have given my life to trying to be of service to children and I will continue doing that.

I've got you, and hundreds of others like you, to

worry about those kids, and the university is teaching more people how to worry about them. So, I don't think I have to worry about them. But, what I am worried about, what I am concerned about, is the reciprocal condition called normalcy and the need for people to exist in that condition. I think it's reached exaggerated proportions.

"I have grave doubts about a large portion of our programs and about any kind of technique which claims it can make profound changes."

What Ruth Benedict said about deviance and abnormality was not only that it was culturally relative but that once a culture picked out a particular set of human characteristics or traits which it decided were the chosen ones, then it went on to exaggerate those more and more until fewer and fewer people could meet the bizarre distortions of humanness that the culture required. I feel our culture has done this. I think our schools have done this. I think we're going along with that. So, I am not in favor of continuing to go the direction we're going.

I have grave doubts about a large portion of our programs and I have grave doubts about any kind of technique which claims that it can make the profound changes which many theories claim. So, we have to come to terms with those kids now hurting? Yes, I want to soothe them. And healing? Yes, I want to heal. But, I think we're going in the wrong direction. I think we're contributing to some of the illusions that we have about what we can do.

McCAULEY: It strikes me that we're not truly reconceptualizing problems. We're still working on problems that special education has been addressing for 10 to 20 years. Is there a hesitancy within the philosophies that wasn't there a decade ago as to what can be solved? What can be worked with in the human condition?

WHELAN: I think it's this notion that we can cure everything. You know, mental health has been the worst offender in this area. We've said, "Come in and we'll do whatever we do to you, and you'll be cured for life." There is no sense in that. It's a myth that we've said to people, "Once we help you overcome a problem, you'll never have any more problems again." A surgeon won't give you that guarantee. A family practitioner won't give you that guarantee. Why should we when we deal with people's feelings and behaviors give those kinds of guarantees? I think we have seen progress. I really do. Looking back over 25 years of working with these youngsters and parents, there has been progress.

I think there's greater understanding. But, like Bill says, if you read some of the theories which point out that society reaches a point at which it invests so much in taking care of those whom it defines as different, that the different start to outnumber the normal, then we have to be cautious.

McCAULEY: You have talked, Bill, about the notion of perfection. Is that at all related to the sense that we're still coping with many of the same problems that were defined 20 years ago? Are we still in search of perfection through our special education programs and procedures?

RHODES: I do think that in our society we're beginning to raise some questions about that kind of goal. We're beginning to raise some questions about whether it is attainable, and everybody is going to be fixed up in some nice way to make them whatever fully functioning human beings are. Our society is going to, in its war on poverty and its war on mental illness, do away with these existential qualities of human beings. I think we're beginning to suspect ourselves in that. So, I'm very hopeful that we will continue to question and will come to more realistic views about what we want to do with differences.

"Why are we doing what we're doing? Is it indeed a throwback to the Middle Ages?"

FINK: Bill, one way to evaluate what we're doing now is perhaps to look at what we were doing *before*. Go back 25 years and say, "What was going on then?" Are you saying that what was going on 25 years ago is desirable? Or, that somehow we turned things around; that we were moving on some highly positive path of working with people, and we are now entering the phase where we have distorted it?

Certainly the motivations that brought about the mental health explosion and the special education movement were certainly altruistic. There is no question that people were motivated by a sense of the best interest of people. People needed help and someone tried to help. Are you saying that somewhere from that point something happened to turn that around into a non-helping orientation? People are not interested in helping others? That they are only interested in damping down individual differences?

That to me is a very pessimistic attitude, and I'm not sure it's a realistic perception of what, in fact, goes on with people. Maybe they're misguided and misunderstood some techniques that are used, or are unwitting agents of some mystical force which is designed to make everybody the same. But I wonder about that.

Why are we doing what we're doing? Is it indeed a throwback to the Middle Ages as you suggest? The

need to have ships of fools? Or, are there really not powerful altruistic motives operating? How do we assess that?

RHODES: I guess I do believe in altruism in people. If I get realistic, get awfully realistic, it gets awfully painful because I look at, for instance, how the concept of learning disabilities was created in a smoke-filled room at a Council for Exceptional Children meeting. After all, the medical and mental health profession had control of those fields of mental health, so there had to be some way for education to get in on the act. I don't think I'm being cynical. I think it really happened that way. And so I have to question how much altruism there is - if I get realistic.

FINK: I recognize with you that learning disabilities is in fact an aberration. So, I wouldn't want to build a theory there.

RHODES: Oh no! I don't think only learning disabilities! I think we've created all kinds of these categories in just the same sort of way for our own purposes.

McCAULEY: Another example would be the recent push in the area of child abuse.

RHODES: Yes, of course. And there will be something else next year. We all know that. All we have to do is examine the little beginning statements in the newspaper about this new category and that new category. We know that delinquency will come back into the picture as the big thing that society has to fight. Who's going to get in there and contend for that? Well, the usual professionals will get in there: the mental health people will say that's their field; the educators will say social maladjustment is their field. At the federal level, I've seen agencies fight over who's going to run this new category that's coming into existence.

FINK: But there's one other group involved in the fight for control over the category or its equivalent. That's the mystics. How do we deal with them?

RHODES: I don't know who all the mystics are. If I'm a mystic, then I can tell you about how to deal with me.

Well, what I'm doing here is claiming this new tag, this new label normalcy. And I'm going out after it. If I get any money for it, everybody will be joining me.

McCAULEY: But what about handicapped labels which are actually sought by parents and others?

WHELAN: One thing learning disabilities has going for it from an educational point of view is that perhaps it's a little more functional as a label. I've seen parents who really take great status because their children are found to be learning disabled. The parents have status in the community and are out leading the charge for services for their children. I think they'll fight tooth and nail.

How did it start? It was a parent movement: a group of very articulate, intelligent, and creative parents with some help from professionals. But the present labelling system we are using has no value at all in educational planning. We sought to talk about the learning problems of children. However, learning disabilities doesn't tell you how to relate to these problems better than the rest of the labels.

RHODES: One of the interesting things about the P. L. 94-142 to me is that schools suddenly are going to have to confront the full range of humanness and qualities that we have gradually excluded through all kinds of sneaky ways. We've gotten rid of those real crazy kids, real retarded kids, etc., so that we've come to the population in schools which is that very narrow part of the normal curve. Now, suddenly we're confronted with the whole curve. What are we going to do with it?

FINK: I do agree with your proposition that we're not perfect. I agree. The question is how imperfect? Is that the way to approach it? Are we more or less imperfect than others?

WHELAN: We have to keep pounding it into our heads: the very nature of the school organization, the way we group our children. I don't care how good a teacher is. He or she can group students by A, B, or C for reading or whatever. You're still going to miss because you're using the same materials, the same types of things and you're trying to reach 20 different individuals with those same materials. It isn't going to work. That's where we get our learning disabled: not being responsive to the kinds of experiences that the children bring us when we attempt to teach them what some people call 'survival skills.'

"There are real economics in what we are doing."

RHODES: There are real economics in what we are doing. You can look at the whole area from an economic perspective. I don't usually do that. One of the things that I got very irate about in my younger days was the extent to which we used psychological tests to label kids and the importance that we gave to intelligence tests and so forth. Then, you begin to realize what the investments are in publishing those tests.

If you tried to do away with intelligence tests or the tests psychologists have developed, you would have to buck a big economic segment of our society.

You'd be bucking publishers, distributors, salespersons and the whole paraphenalia that goes with testing. That's just one aspect of the way in which what we do is tied into the economic system. You could go through a whole analysis of deviance and professionalism from the perspective of our economic system.

Going back to the contention that madness came into existance when man had to be a producer in the industrial system, we can tie in a lot of the labels that we use for people who we know are going to be non-producers. *That's* where the problem lies. Again, I'm thinking within an economic model.

QUESTION FROM AUDIENCE: Do you feel that we are wrong, as professionals, in trying to bring our students up to normative standards, both academic and non-academic?

"I think the problem for the future will be, when do we question norms?"

RHODES: I think that this is something that not only a professional group as a whole has to look at, this kind of goals and objectives approach and what its norms are, but everyone. I think we are looking at that. I think we're beginning to question norms. I think that the problem for the future will be, when do we question norms? Then, we move out into this normless void of what do we expect? I mean, what will children become? I think that for the time being, now that you still believe in norms and think that there are goals and objectives, that the individual who is working with the child has to be very protective of the child against the parts of the system that that represents.

It is getting more and more painful for me to go to what is called in Michigan an EPPC (an Educational Planning and Placement Committee) because I know the purpose of that committee is to give that kid a particular tag so that money can come to that particular school system. I hear that group and I am part of that group trying to decide on what kind of placement for this child, and what kinds of goals we can have for this kid.

Frequently, when I'm sitting there, I have little *conviction* that we can come anywhere near those goals that we set up. Nor do I have any conviction that the school system is going to design an appropriate program for the kid. He's only going to be put into whatever empty slot they have. So, it is a matter of my own conscience as to how far I go along with that particular system.

McCAULEY: What then are our alternatives? Eliminate the whole thing?

RHODES: Yes. I'm backing away from deviance entirely and from disturbance entirely. I'm going back and looking at: "Where did this normalcy come from? What is it that we're using as our standard? Why are we doing that?" I'm not investing the brief career remaining to me, in trying to cure all the kids who need curing, help all the kids who need help, or heal all the kids who need healing. What I'm doing is trying to find a way, at least in the few contacts I have with groups like this and with my colleagues, in having them look at what it means to be human and look at how much like our clients we are.

About four or five years ago, I just decided that I'd defect from the normal race and I would join the deviants because I found so much more that was attractive in the deviants than in the normals. I realized that they had so much of what I had in me, that I had to be deviant. So I jumped over the wall. I went on the other side. So, I'm looking at the normals from the other side of the wall. And that's what I'm up to. And I'm not asking everybody here to take my trip.

FINK: I don't agree with your sentiment at all, Bill. On the contrary, I am very supportive of the basic issues you're dealing with. I think that it's a very important issue and it's important that people hear it. At the same time, I think it's a bit inaccurate. To make the assumptions that the helping professions are simply people who have designed institutions to exclude people from participation in appropriate living, I think, is a relatively simplistic conclusion about the nature and the role of much of what is called special settings or specialized education.

That's not to say that there is not a lot of bad practice going on. We all know about that. But, does that deny that there's a role for support systems that may technically and administratively stand outside the mainstream of activities? And that those are places where people get some help? Is it being exclusive for me to go to the family physician and his clinic and get some specialized help for a physical ailment? I mean, what is demeaning in that? Is it demeaning of me if I were to be an alcoholic? Is it negatively exclusionary to go to a sanitarium to be rehabilitated if that happened to be the most efficient or effective way for that to occur? Do you agree that lots of people are in trouble?

RHODES: As I get close to some of my colleagues, I have found many who are in greater stress and greater disturbance than a lot of my clients. So, I don't know about the degree. Some of us are more able to hide things than others. I would agree with you on that.

"Do people have a right to be crazy?"

QUESTION FROM AUDIENCE: Do people have a right to be crazy? What if one chooses to be deviant?

FINK: I think that's an irresponsible notion. Can you say that everyone is entitled to do what he wants? So, if a kid decides he wants to engage in a long term hallucination or a long term schizophrenic response to certain stresses in his life, then he's entitled to do that? Without any kind of involvement or interference? He may not be in a position on a voluntary basis to say, "I want help or I don't want help." Do we not have responsibility as other human beings to say this kid is *really* in trouble? He doesn't really fully recognize or appreciate the problems that he's got. Do we have a responsibility to make some movement toward him independent of what he is communicating to us directly?

I would feel as a parent that I would be very irresponsible if I didn't feel that I had discretionary decisions to make with respect to my children. I don't assume that they know everything and that everything they decide to do is in their best interest. I have a responsibility to them. I'm not saying that all people who are emotionally impaired are necessarily to be likened to children, but there might be some, and if there are, what are our responsibilities?

RHODES: It's a very difficult kind of point that you're raising. I don't know where taking the responsibility for the state of other people begins and ends. I said to you that some of my colleagues are much crazier than my clients. I meant that in *all* the dimensions that we use to diagnose the kid as crazy!

I once knew a person who seemed very gentle and benign. He worked very nicely with the kids. But, as I got close to him, he was going through a particular crisis. He confessed to me that all of his life he had had these terrible urges that while he was driving his car he wanted to run over a kid on the side of the road. He went through a whole series of schizophrenic fantasies. Is it my responsibility to declare him insane and get some help for him?

WHELAN: That's an excellent question. I don't think any of us has an answer to dilemmas such as that.

McCAULEY: Bill, it sounds like you are suggesting that if we ever do make a decision to offer more choices, somehow that decision and the offerings will become part of the system, which will then reduce choices, so that in fact, we have no hope.

"I think the most successful helping groups . . . are self-help groups or mutual covenant groups."

RHODES: We have hope. One of the places that I'm investing my energy is in small groups of people banded together on the basis of ideological views and common ideas of what life is and what it is all about. I think covenant caring is the hope for us. I don't know that we're going in that direction. I know there is a lot of experimentation with it now. I think the most successful helping groups in any of the deviant categories such as alcoholism, drug addiction, criminality, rehabilitation, etc., are self-help groups, or mutual covenant groups.

WHELAN: That's being tried at a state hospital in Utah. Apparently the patients are taking responsibility for their own living area and of being mutually helpful to each other. I will be interested in seeing how it turns out.

RHODES: I would, too, because it is part of the state and there are state guidelines, state laws, state administrators, state consultants and so forth.

WHELAN: It's just one small ward evidently headed up by a psychiatrist with a small staff that doesn't intrude with any great frequency. Evidently, these were very destructive people on the outside. Now, on the inside, they seem to be supportive of the peer who may lose all control for a half hour or longer.

RHODES: I'm not saying that state people are heathens. I'm saying that it's very hard for individuals to enter into a mutual covenant for responsibility when that responsibility ultimately rests with the state.

"We're recognizing more and more the importance of children learning productive things; things to make them feel useful."

QUESTION FROM AUDIENCE: All of you mentioned alternatives to special classes. Would you expand on that? What are some of the other kinds of ways we can help kids?

WHELAN: It seems to me that there are all sorts of opportunities outside the school building. If they are appropriate for the youngster, great. Some of the vocational technical schools are taking in these youngsters and all of a sudden, their behavior problems disappear. They're getting into things they really want to do.

FINK: You're relating that to a theme that I think is very important to emphasize in special education. We're moving gradually in that direction. It may be the saving grace for the field: we're recognizing more and more the importance of children learning, excuse the phrase, productive things; things to make them feel useful. I think that's very important. We don't do a lot of that in our special programs. We should do more of it.

WHELAN: Do you recall reading in psychoanalytic literature the report on the time, space and machine child? Well, this child was very much taken with stars, space, and the machinery with which he could manipulate it. The reason I know this is that I was his one-to-one child care worker. We would often go out on a 10 degree F. night with his homemade telescope and deal with his machinery and his fantasies. This was a classic case of a schizophrenic machine child. To make a long story short, he's now a professional who works on galactic phenomena.

The point I am trying to make is that this child because of, or in spite of, the psychosis was actually learning skills while engaged in fantasy. The sky was the laboratory for that learning, not a classroom where planets and stars don't exist. So this is a unique example of an alternative to classroom learning. It probably happens with some frequency, but I don't know how much. Also, as good as this example turned out, alternatives of this type can only supplement, not supplant, intensive child-teacher interactions in a classroom.

McCAULEY: Thus far we haven't discussed the role of parents in programming for behaviorally deviant children.

WHELAN: For many years, at least in our work outside of residential placements, the parents have been extremely important to us. We try to work as closely as we can with them to bring about some understanding of their own anger and sadness, and to be more responsive to their youngster. Occasionally, we run into a parent who has a strong investment in seeing that the child does not get well. There, the parents obviously need support: they're lonely, they're isolated, they're often at odds with themselves.

RHODES: To carry that further, I think that a lot of the network ideas that people keep putting into practice can be used with parents of kids who have various kinds of labels. Those parents can be brought together into a network and a mutual support system. What would bring them together would be the commonality of their children's problems. They could be led to some of the same kinds of conclusions to which some of the self-help communes have been led. They try to sort out how much of the problem is theirs, and how much is society's problem. Also, how can they live as a group with mutual support with their own values and goals, independent of what the community around them says.

I think that one of the great hopes of the future is the creation of parent networks. I don't know that it can be done professionally, but I think there are people who are good at organizing and helping groups develop their own value systems, own culture, if you will. They should be doing that with parent networks.

"One of the great hopes of the future is the creation of parent networks."

One of the informal network groupings that I've seen evolve has been families who have been in therapy who wanted to continue beyond the therapeutic process. They join together for mutual self-help and to develop continual renewal. So often, after therapy, when the family gets out and back into its milieu, it reverts and needs some reinforcements.

My son is a part of the Zen community in Tennessee which has a thousand members. They have 17 satellite farms around the country. Their goal is also self growth and mutual growth. But, they look outside for ways in which they can be helpful to people who need help. I have influenced them to take about 50 or 60 kids out of institutions, out of courts, and so forth, and fold them into their community.

That's one way in which they do extend beyond themselves. Another way is that they have organized and developed communities for the aged in Miami. They sent a boatload of food to Guatamala after the earthquake. They saw the degradation and problems of the Indians in Guatamala. Now, they're starting a colony in Guatamala. That's reaching outside of the group. That's having the goal of helping.

QUESTION FROM AUDIENCE: I would like to respond to Dr. Rhodes. Listening to your presentation, I was somewhat shaken at first, especially as I am involved with the concept of developing programs for deviant children. I think one can interpret what you say as meaning that it's wrong to create these programs, that we are adding more isolation to a certain segment of the population, and also adding to a non-acceptance of deviance.

Would you accept the fact that perhaps when public schools create programs (and let's assume that they're productive programs that are helping youngsters) it will result in positive gains? Especially in preventing youngsters who would otherwise have to be removed to a totally isolated institutional setting if such an option were not available? Would you accept that premise?

RHODES: Yes. It's better for that person to be a part of the open society of school rather than the closed society of the institutions.

AUDIENCE: And that is a step forward?

RHODES: Yes.

McCAULEY: This may be an excellent place to end.

An Eclectic Approach to the Education of Emotionally Disturbed Children

H. Lyndall Rich
Memphis State University

For the past several decades special educators, particularly those concerned with educating emotionally disturbed children, have been involved in a professional controversy over "the" way to educate disturbed children. Specifically, the controversy centers around which intervention strategy - or methodological procedure - is most effective for these children.

Observation of classes for the disturbed children reveals that no one strategy can claim universal acceptance. For example, one program may rely heavily upon behavior modification, using praise, tokens, and checks for appropriate behavior. Another program may emphasize structure, including stimuli reduction, sequential cognitive activities, and cubicles. And a third program may have a psychoeducational orientation, encouraging personal interaction, positive relationships, and self-directed behaviors. Although each of these exemplary intervention strategies has merit, they are typically implemented on a unilateral and wholesale basis in each classroom regardless of the children's problems or needs.

This insistence upon employing a single intervention strategy continues even in an era of individualized educational programs for disturbed children. Fortunately, many teachers of disturbed children make adjustments. The realistic and practical demands of the classroom make it necessary to borrow bits and pieces from all the available strategies, altering the approach to fit the child or the objective or the crisis. Thus, teachers by necessity become eclectic, using the best of what is available from each intervention strategy. After all, "no one theoretical model has all the answers for educating emotionally disturbed students" (White, 1979, p. 9).

This discrepancy between dogmatic philosophy and eclectic application is a conflict between theoretical idealism and practical utilitarianism. Ideally, every intervention strategy is based upon fundamentally sound principles of methodology, human growth and development, learning, and so forth. But, when the evidence is not available, supporters of a particular strategy rely upon an intuitive belief and conviction that their philosophy is the most appropriate one.

Consequently, even teacher trainers develop programs devoted to the perpetuation of a singular orientation with minimal tolerance for alternative theories or strategies. Individually, the impact of Bernard Rimland, William Cruickshank, B.F. Skinner, Sigmund Freud, Carl Rogers and A.S. Neill, to name a few, is evident in the way prospective teachers are instructed, the books they are required to read, and the competencies they are to demonstrate. It is rare to find an operant trainer talking about self-determination or self-concept; it is equally rare to find an advocate of dynamic education talking about behavior modification or stimuli reduction.

Thus, many disturbed children who may require immediate behavioral change may be denied that opportunity because they are in a program that emphasizes freedom of choice. Similarly, a disturbed child who needs emotional support may be assigned to a cubicle or given a demerit for inappropriate behavior.

On a practical level, it is difficult to understand why special educators engage in such rigidity, accepting one strategy, excluding other strategy alternatives and possibilities. Perhaps they have *learned* that there is but one approach, or that they *feel* personally comfortable with one approach, or that they subconsciously *identify* with one approach, or they were just *born* that way. Whatever the reason(s) for perpetuating a singular program dimension, special educators can acknowledge that there is an array of programs which are cognitively and affectively different, and that disturbed children possess a variety of needs and problems.

Given this variance in both programs and children, then the conclusion must be that no single strategy is most effective for all disturbed children. Consequently, it is believed that energies would be more profitably directed if special educators sought to determine which program strategies were most effective for which disturbed students.

The remainder of this article is devoted to a procedure by which special educators may begin to make initial decisions regarding the most appropriate theoretical and practical strategies for educating individual disturbed children. This procedure recognizes the importance of all strategies, but emphasizes the strategies must be "matched" with the child in order to realize maximum potential. In short, special educators must become eclectic, selecting the best strategy or pieces of strategy from those available.

This eclectic matching procedure may be described as an aptitude-treatment or person-environment interaction model. This interaction

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Note: Portions of this article have been adapted from: H. Lyndall Rich, A Matching Model for Educating the Emotionally Disturbed and Behaviorally Disordered. Focus on Exceptional Children, 1978, 10(3), 1-11.

model emphasizes the need for congruence between learner characteristics and educational procedures in order to maximize progressive student change (Cronbach & Snow, 1977; Hunt, 1971). Recent theory constructs and research using these concepts have attempted to conceptualize school learning as a function of differential student development and methods of teaching on learning outcomes (Bloom, 1976; Joyce & Weil, 1972). Operationally, the model presumes that disturbed children functioning on lower psychological-developmental levels require controlled educational environments and concrete lower-level objectives, while children functioning on higher psychological-developmental levels require proportionately less control and higher-level objectives. Reynolds and Balow (1972) evaluated the possibilities of interaction in special education and concluded that ". . . interactions between pupil characteristics, teaching methods, and material suggest that the teacher would be more or less effective depending on the decisions he made to match the teaching system to the pupil" (p. 364).

Since there are innumerable factors that could be included in an eclectic matching model, these factors must be reduced to a relatively few critical variables that can be used to explain differences in educational outcomes. Without the use of "blinders" to enable special educators to focus, the task of matching all of the potential factors would be humanly impossible. Toward this end, the three interdependent variables central to school learning identified by Bloom (1976) will be used to outline the eclectic matching model. According to Bloom, instruction, student characteristics, and learning outcomes are the three most critical variables. Translated into the education of emotionally disturbed children, the three variables are: (1) intervention strategies, including teacher style; (2) the developmental characteristics and needs of disturbed children; and (3) the types of objectives children are to achieve.

Intervention Strategies

Although different methods of education and/or treatment have existed for centuries, these differences were not clearly defined until Morse, Cutler and Fink (1964) analyzed public school classes for the emotionally disturbed and identified seven different program types based upon consistency in procedures, goals and emphasis. Six of the program types were classified into two substrata: dynamic (psychiatric, psycho-educational and chaotic) and learning or conditioning theory (behavioral, educational and primitive). The seventh program type (naturalistic) was considered circumstantial since the program "operated on a 'green thumb' naturalistic basis without (an) organized approach or any specific design" (p. 29). The study supported the position that program types were operationally different and that types were "mutually independent."

Rhodes and Tracy (1972) later reconceptualized the Morse, Cutler and Fink (1964) program types by synthesizing the numerous theories that explained emotional disturbance. Based upon five umbrella theories of causality (biophysical, behavioral, psychodynamic, sociological, and ecological), Rhodes and Tracy proposed corresponding intervention strategies. These intervention strategies form clusters that ". . . employ the same basic methodology; . . . share a common orienting outlook; (and) . . . agree regarding basic amelioration" (pp. 2-3). Both the theories and intervention strategies are sequentially organized from ". . . the most individual and physical focus" to ". . . the most universal and complex focus" (p. 23).

These five theories of causality have been translated into intervention strategies for emotionally disturbed children. Although other disciplines such as medicine and psychiatry may often be responsible for treatment, the strategies considered here are educationally oriented. Exemplary intervention strategies, developed by recognized professionals in special education and related fields, have evolved from the theories of causality.

Theories of Causality:	Intervention Strategies:
1. Biophysical →	Structured (e.g., Cruickshank) *Engineered Class (e.g., Hewett)
2. Learning-Behavioral →	Behavior Modification (e.g., Skinner)
3. Psychodynamic →	Psychoanalytic (e.g., Bettleheim) *Psychoeducation (e.g., Redl)
4. Sociological →	Open Education (e.g., Kohl)
5. Ecological →	Environmental (e.g., Rhodes) **Counter-theory (e.g., Neill)

Some intervention strategies such as those indicated with an asterick (*) use combinations of theories in the development of intervention strategies. The counter-theoretical position, on the other hand, basically rejects all theories of causality, essentially believing that children are not disturbed and that children should have programs that enable self-determination.

The space limitations of this article preclude a discussion of each theory and intervention strategy; however, more complete knowledge is necessary in order to implement the eclectic matching model. This precautionary note is added since most special educators are typically trained with a thorough knowledge of one theory and strategy, but to the

relative exclusion of other theories and strategies which are equally valuable. Instead of strategy descriptions, an explanation of the progressive nature of the strategies will suffice to provide an orientation.

In general, both the causes and strategies follow a hierarchy from an individual, physical focus to a group, environmental focus. The sequence of the hierarchy is a logical progression from the biophysical theory of causality which is very specific and concrete to the ecological theory of causality which is global and inferred. The intervention strategies conform to a similar progressive pattern, focusing on disturbed children from an ever widening perspective. The major goal or objective of each strategy reflects this pattern; that is, the biophysical goal is physical adjustment; the learning behavioral goal is behavioral appropriateness; the psychodynamic goal is intrapersonal adjustment; the sociological goal is interactional normalcy; and the ecology goal is environmental support. Although these goals are oversimplified, they suggest basic differences in strategy approaches.

A significant component of each strategy is the characteristic manner in which the teacher fulfills the role as the instructional leader in the classroom. The characteristic role behaviors are referred to as teaching style. The construct frequently used to describe teaching style has been ascribed to a continuum of teaching-to-student-centered behaviors. In the final analysis, this teaching style dimension can be described as representing a control continuum. Although the descriptive nomenclature may vary (e.g., authoritarian-democratic, direct-indirect, or controlled-reflective), the critical factor is the exercise of power by the teacher. "In essence, the... continuum involves the extent to which the teacher makes decisions for the child" (Kauffman & Lewis, 1974, p. 281).

Terms such as direct, dominant, and authoritarian styles are reported to be characteristic of high control approaches in which the interaction and objectives are more inclusively regulated by the teacher. Indirect, reflective, and democratic styles have been associated with low control approaches in which students assume self-regulation. Thus, low control teaching styles are characterized by a limited exercise of control and more facilitative interaction patterns.

The extent to which the teacher controls the classroom, or makes decisions for the child, correlates with the intervention strategies. For example, a structured or behavior modification strategy, which requires stringent time and behavioral schedules, measured in small hierarchical increments, is more consistent with the high control teacher style. Psychoeducational and dynamic strategies which emphasize feelings, freedom, and insight are more consistent with low control teacher styles. Thus, teaching styles, in terms of control, follow the progressive sequence established for the theories and the strategies.

Characteristics of Disturbed Children

Everyone can agree that disturbed children do not constitute a homogeneous group, even though they may possess the same "label." Terms such as autistic, hyperactive, and neurotic have been used to differentiate the disturbed population, but the overlapping and obscure characteristics continue to prevent the development of meaningful descriptors. In order to implement the strategy most appropriate for the disturbed child, a functional characteristic needs to be identified. Once identified, the interaction between the child characteristic and the strategy treatment should produce results superior to the random or unilateral application of a strategy.

As a starting point, the Rhodes and Tracy theory analysis offers definite possibilities for developing an eclectic matching model. Based upon the relationships between theories and interventions, the following child-strategy combinations provide the greatest probability of success:

If child's problem is:	The strategy should be:
Physical	Structured
Behavioral	Behavior Modification
Intrapersonal	Psychodynamic
Interactional	Sociological
Environmental	Ecological
Physical & Behavioral	Engineered Classroom
Intrapersonal & Interactional	Psychoeducation

Of course these strategy-child combinations do not account for all possible variance, but they are considered to be an initial point at which strategies may be more functionally employed.

A second dimension to be considered in the use of a particular strategy is that of developmental behavior. Analysis of child development theories reveals a number of consistent behavioral patterns that can be ranked on a hierarchical basis. Developmental behavior problems, in the context of this paper, are the manifestation of repeated and consistent behavior patterns which would normally appear at a different chronological age. Thus, the greater the disparity between chronological age and developmental behavior, the more severe the problem. Swap (1974) constructed a similar developmental

arrangement of hierarchical behaviors by combining the models presented by Erik Erikson and Frank Hewett.

A summary compilation of the behaviors presumed from the theories, holding individual variance constant, indicates the following continuum of severity: (1) asocialized; (2) protective (withdrawal, compulsive, and dependent); (3) defining or testing (negativistic, aggressive, and assertive); and (4) independent. The four developmental behaviors, including the sub-category behaviors, represent progressive development; however, the distinction between some behaviors is relatively minor and may be a function of individual manifestation rather than severity.

Asocial behavior represents the most basic or youngest developmental behavior and is characterized by egocentricism, extraordinary impulsivity and hyperactivity. Protective behaviors are those designed to protect the individual without risking physical or psychological pain. The three sub-categories of protective behavior (withdrawal, compulsive and dependent stages) are considered progressive steps from extreme to moderate protection as evidenced by a developing young child. Defining or testing behaviors are typical of children developing autonomy and initiative, and are symptomatic of a child attempting to establish individual power and identity within the limits of the social environment. Defining or testing behaviors are similarly classified into three steps of development. Independent behavior constitutes the last developmental behavior and is characterized by a child who has achieved, in accordance with developmental age, the basic needs, has a clear sense of self and others, and is rational and realistic.

Based on these developmental behaviors, the following interaction combinations are suggested:

If development behavior of the child is:	The strategy should be:
Asocial	→ Structured
Protective	
Withdrawal	→ Behavior Modification/ Engineered
Compulsive/Dependent	Psychoanalytic
Defining or Testing	
Negativistic	→ Psychoeducation
Aggressive	→ Open Education
Assertive	→ Environmental
Independent	→ Counter-theoretical

Obviously neither the theory nor developmental constructs lend themselves precisely to selecting the most appropriate strategy. Individual variance, the inadequacy of diagnosis and assessment, and imperfections in the model are just a few of the factors that restrict the adoption of this eclectic matching approach. However, this eclectic matching model does constitute a different way of conceptualizing treatment that should be tested and evaluated.

Educational Objectives

The educational objectives to be achieved by disturbed children constitute the third dimension of this eclectic approach. Educational objectives such as those identified by Bloom (1956) and Krathwohl, Bloom and Masia (1956) form progressive hierarchies of educational outcomes from basic, cognitive, and concrete objectives to advanced, affective, and abstract objectives:

Cognitive Objectives:	Affective Objectives:
Knowledge	Receiving/Attending
Comprehension	Responding
Application	Valuing
Analysis	Organization
Synthesis	Value Complex
Evaluation	

Given the level of the objectives, intervention strategies and teaching style have differential effects. Research indicates that the high control teacher style, such as that found in the structured and behavior modification strategies, results in greater student achievement of the lower-level objectives (Salomon & Achenbach, 1974). On the other hand, students experiencing low control teachers, such as those in the psychoeducational and open education strategies, have greater success with higher-level objectives (Scheuer, 1971). There is general agreement that high control teacher styles are more effective when the task is simple, concrete and cognitive; and that low control teacher styles are more effective when the objectives are high level, social and emotional (Anderson, 1959).

Thus, the level and type of objectives to be accomplished by disturbed children are critical in determining both the appropriate intervention strategy and teaching style. Basic objectives which are concrete and specific are more readily achieved by children in educational environments that are concrete and specific. Similarly, more advanced objectives that require abstract and affective comprehension are achieved more readily in educational environments that are abstract and affective.

Summary

This article has attempted to present an eclectic approach to the education of emotionally disturbed children. Two primary themes have been repeatedly expressed: (1) that educators should not continue to dogmatically implement a specific strategy for all disturbed children when only a few may be benefiting; and (2) strategies, including teaching styles and objectives, must be selectively introduced to disturbed children based on projections for success.

This eclectic, matching approach is based on the belief that disturbed children functioning on the basic or lowest developmental level will require a controlled program, typical of a structured or stimuli reduced environment. The opposite extreme, the highest level of development, suggests grossly different strategies, teaching styles and objectives, facilitated in more "open," dynamic environments with indirect teachers.

Factors falling between the high and low developmental extremes would require proportionate shifts in the intervention strategy. As the child's behavior changes to a more advanced level then the intervention strategy will need to shift accordingly. The shift may involve the phasing out of tangible rewards, the elimination of a limit, the introduction of the child to a problem-solving group, or, as Garner (1976) has suggested, combining behavior modification with feeling oriented therapy.

Educators need to facilitate the movement of the children who are functioning on the basic levels to the higher levels. Therefore, controlling programs must, in progressive steps which are consistent with the child's change, become less controlling. Structured, teacher controlled environments must evolve into more self-directed, internally controlled programs. And objectives must progress from the specific, concrete knowledge and receiving levels to higher order cognitive and affective objectives.

The eclectic model presented is a conception which has some theoretical and research support However, the specific factors included, and the relationship among the factors, require greater specificity and research documentation. It has become evident that special educators need to develop a procedure by which disturbed children are introduced to intervention strategies that are appropriate to their problem and their developmental level. The conclusion stated by Morse, Cutler and Fink (1964) over 15 years ago is appropriate today: "There is no doubt that certain kinds of teachers fit better into certain kinds of programs, and that certain children are more ready to respond to one or another program types" (p. 129). This eclectic matching model has been presented as a procedure by which the best "fit" can be accomplished among a variety of strategies, teachers, objectives and disturbed children.

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A Teacher Responds

Donna Wilkin
Des Moines Independent
Community School District

Initially the theses of Rich's article seem logical and warranted. Upon examination, however, their validity and implications for the classroom become questionable.

For example, his first contention that, "educators should not continue to dogmatically implement a specific strategy for all disturbed children when only a few may be benefiting," appears philosophically sound. Inflexibility on the part of the emotional disabilities teacher does lead to such problems as the loss of students from the program, an increase in the severity of classroom disturbance, and a breakdown in classroom relations.

Also, dogmatic teachers frequently set up win-lose situations between themselves and their students in which each is out to "break" the other. Teachers finding themselves at wits end with students who "refuse to change" (acquiesce) are probably equally inflexible themselves. Such teachers tend to foster defensiveness and hostility rather than self-esteem and understanding in their students.

Philosophically, therefore, Rich's suggestion that teachers be skilled in the implementation of numerous teaching theories is well founded. Pragmatically, however, it presents several problems.

In the first place, it would be difficult, at best, for teachers to feel comfortable and confident enough with all of the theories to use them interchangeably and simultaneously within one classroom. The process of differentiating the aspects of one theory from another or the variances in one's use from another's can leave teachers unsure of any approach and frustrated with them all.

While such efforts may be important to theorists, they have minimal effect in the classroom (i.e. Are the differences between a sociological and an ecological program significant enough to warrant incorporating both structures into a classroom?). Maintaining the consistency and organization of a single strategy can be difficult, trying to do so with seven strategies is absurd.

Secondly, the cost in time and money for teachers to implement the seven program options that Rich suggests is staggering. In these times of publication overload and materials deluge, it would be impossible for teachers to keep abreast of new (or even existing) materials and developments for each program and still continue to teach children daily and plan lessons nightly.

A third problem involves Rich's recommendation that the eclectic approach be advocated in teacher training programs. Having never taught at the university level, I can only guess at the implications. Since most professors are theorists, and theories by nature are pure, it follows that most professors are purists and therefore probably more inclined to propound their "own" theories in depth rather than to teach others superficially. Also, since university programs are often structured around the single theory which was developed or tested by the professors there, they tend to promote this theory to the exclusion of others. Obviously, it is within teacher training institutions that any changes in education will be most influential, but I cannot envision Rich's proposal being well received in them.

Rich's second contention that, "strategies, including teaching styles and objectives, must be selectively introduced to disturbed children based on projections for success," is an oversimplification of both emotional disturbance and educational treatment. Does Rich really expect us to believe that emotionality is so uncomplicated as to be specifically identified (in one word) and appropriately treated (by one method) on the basis of his charts?

As an example, aren't independent people usually also assertive? And isn't an asocial person often aggressive and negativistic, too? Can't withdrawn persons be compulsive and asocial people dependent? Although Rich's charts do not reflect it, these characteristics are all interrelated in a disturbed personality. Pigeonholing and treating under the illusion that a student suffers in only one or two problem areas is no more effective than teaching all students under a single theory. It becomes inflexible.

Although I concur with Rich's call for more flexibility in the classroom, I do not agree that the addition of either his labeling system or his matching procedure are the means of achieving it. One fact that Rich fails to mention is that dogmatic teachers will most likely remain so given 100 strategies from which to choose. And most teachers (being flexible) will, as Rich points out, ". . .make adjustments. . . altering the approach to fit the child. . ." It has more to do with attitude than theoretical expertise.

A Teacher Educator Responds

Allen Parelius
Indiana University - South Bend

Eclecticism is defined by Good (1959) as "a school of philosophy that endeavors to construct a coherent and harmonious system of thought or belief by adopting selected beliefs from rival schools or systems." Good points out, however that eclecticism contains the danger of developing a whimsical picking and choosing rather than a coherent and critical integrated philosophical position.

In his article on eclecticism, as applied to the education of emotionally disturbed children, Rich has attempted to avoid the whimsical by proposing a rather carefully thought-out plan based essentially on well-accepted positions regarding human growth and development and environmental influences on the learning potential of pupils (Piaget, 1960; Garner, 1976; Kauffman and Lewis, 1974; Swap, 1974; Rhodes and Tracy, 1972; Bloom, 1956; and Krathwohl, Bloom and Masia, 1956).

Acknowledging that space limitations precluded an in-depth discussion of the various components of the eclectic *approach* proposed by Rich, there are, however, facets of his approach that need comment. In the space remaining, I will focus on: 1) the *terminology* Rich used to describe the eclectic approach, 2) the problem of *incompleteness* of the learning outcome component, and 3) teacher *competency* ramifications for implementing the eclectic approach.

erminology

The writer's inconsistent and/or vague use of technical terms throughout the paper seriously distracts the reader from understanding the central, and powerful, theme of Rich's proposal. For example, what is Rich proposing: an eclectic 1) *approach*, 2) *model*, 3) *theory*, 4) *philosophy*, 5) *intervention strategy*, 6) *orientation*, 7) *program type*, or 8) *methodology*? All of these terms are intermixed throughout Rich's paper in a rather random fashion, although *intervention strategy* dominates.

Good (1959) defines *intervention* as "an action on the part of an organism that serves to change the relative position of the objects or forces of the environment and the organism itself, thus bringing new stimuli to bear upon the organism." Acceptance of this definition would suggest that Rich is proposing a system for designing *instructional* alternatives. Although this might be one of his objectives, I don't believe this is his major intent.

My impression is that Rich is proposing an eclectic *model* for educating emotionally disturbed children that would be an aid to teachers in the *decision-making process* so that pragmatic instructional intervention *alternatives* could then be selected. Since a *model* is defined by Good (1959) as "a pattern of procedure," *problem-solving* as "a process employed for discovering or inducing new relationships among things observed or sensed," and *alternatives* as "competing courses of action or beliefs between which a choice is involved," then Rich's proposal becomes a *process* for exhibiting essential principles of facts, arranged in a rational dependence that forms a coherent whole.

Educational Objectives

In the discussion of educational objectives that are to be achieved by emotionally disturbed children, Rich uses the hierarchies of educational objectives identified by Bloom (1956) in the cognitive domain, and by Krathwohl, Bloom, and Masia (1964) in the affective domain. Conspicuously absent are educational objectives in the psychomotor domain. This oversight is regrettable because emotionally disturbed children are not immune to having psychomotor needs. Following are the educational objectives, with a brief description of each level, identified by Dave (1970) that ought to be included in Rich's model.

1. **Imitation** (I) When the learner is exposed to an observable action, the learner begins to make covert imitation of that action. Such covert behavior appears to be the starting point in the growth of psychomotor skill. This is then followed by overt performance of an act and capacity to repeat it. The performance, however, lacks neuro-muscular coordination or control, and hence is generally in a crude and imperfect form (i.e., impulsive, overt repetition).

2. **Manipulation** (M) Emphasizes the development of skill in following directions, performance of selected actions, and fixation on performance through necessary practice. At this level, the learner is capable of performing an act according to instruction rather than just on the basis of observation as in the case at the level of imitation (i.e., following directions).

3. **Precision** (P) The proficiency of performance reaches a higher level of refinement in reproducing a given act. The learner performs the skill independent of a model or set of directions. Here, accuracy, proportion, and exactness in performance become significant (i.e., reproduction, control, errors reduced to a minimum).

4. **Articulation** (A) Emphasizes the coordination of a series of acts by establishing appropriate sequence and accomplishing harmony or internal consistency among different acts (i.e., performance involves accuracy and control plus elements of speed and time).

5. **Naturalization** (N) A high level of proficiency in skill of performance of a single act is required. The behavior is performed with the least expenditure of psychic energy. The act becomes so routine that a response is automatic and spontaneous (i.e., performance becomes natural and smooth). Another educational objective framework in the psychomotor domain is that developed by Loevinger (1976).

Teacher Competency

Finally, the eclectic model proposed by Rich is an attempt to develop for the field of education, an equivalent to the medical model used in the field of medicine. The attempt is honorable and obviously of enormous value if ever accomplished. The fact that the eclectic model is incomplete, is only in the proposal stage of development, and is almost entirely without research validation, suggests that any attempt to train teachers to use such a model for valid decision-making purposes would be premature at this point.

The question of teacher competence, therefore, must be judged against criteria other than how proficient the teacher is in using an eclectic model for educating emotionally disturbed children. Teacher competence might, for example, be judged against how proficient the teacher is in using the skills demanded of a diagnostic-prescriptive teacher (Peter, 1965), or clinical teacher as proposed by Lerner (1971). Both of these models emphasize a major component of Rich's eclectic model, that of perceiving the teacher as a decision-maker, while stressing the *process* rather than the *product* role of the decision-maker. Such an approach to teacher competence might suffice until further research validates Rich's eclectic model.

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Contributors to This Issue

Albert H. Fink is associate professor of special education at Indiana University, Bloomington, Indiana.

Robert McCauley is director of the Longfellow Day Treatment Center in Minneapolis, Minnesota.

Allen M. Parelius is associate professor of education at Indiana University, South Bend, Indiana.

William C. Rhodes is currently on leave from his position as professor of psychology at the University of Michigan and is a consultant to Bayview Center: A Center for the Study of Christian Healing located in Clearwater, Florida.

H. Lyndall Rich is associate professor of special education at Memphis State University in Memphis, Tennessee.

Richard J. Whelan is the Ralph L. Smith Professor of Child Development and professor of education and pediatrics at the University of Kansas and University of Kansas Medical Center in Kansas City, Kansas.

Donna Wilkin is a secondary teacher at North High School in Des Moines, Iowa.

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STAFF

Drexel D. Lange, associate superintendent, Pupil Personnel Services Branch

J. Frank Vance, director, Special Education Division

Carol Bradley, chief, Instructional Services Section

Carl R. Smith, consultant, emotional disabilities and chronically disruptive

Marcia Olson, associate editor

Barb Wilcots, graphic assistant

Phyllis Marshall, compositor